

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-028631

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4031

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED AUG 6 1963

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)

KANSAS CITY

Length of stay in 1b

40 YEARS

c. FULL NAME OF (if NOT in hospital, give location)

RESEARCH HOSPITAL

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

JACKSON

c. CITY

OR

TOWN

KANSAS CITY

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

718 EAST ARMOUR BLVD.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

4. DATE

OF

DEATH

Month

Day

Year

JULY

14

1963

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐

Widowed ☒

Divorced ☐

8. DATE OF BIRTH

6/10/1887

9. AGE (last birthday)

76

IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

AT HOME

10b. KIND OF BUSINESS OR INDUSTRY

-

11. BIRTHPLACE (City and state or country)

CENTERVILLE IOWA

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

ELI HUDSON

13b. MOTHER'S MAIDEN NAME

MARY UNKNOWN

14. NAME OF HUSBAND OR WIFE

FRANK A. SCHULTZ

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of serv

No

16. SOCIAL SECURITY NO.

-

17. INFORMANT

DA. SCHULTZ

Address

8650 WOODSON DRIVE OVERLAND PARK KANSAS

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Metastatic carcinoma to liver

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

-

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1954

to

July 14, 1963 and last saw her alive on July 13, 1963

Death occurred at

3:15 A.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Don M. Black

(Degree or title)

M.D.

22b. ADDRESS

6400 Prospect K.C. 32, MO

22c. DATE SIGNED

7/14/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

JULY 17, 1963

23c. NAME OF CEMETERY OR CREMATORY

FOREST HILL CEMETERY

23d. LOCATION (City, town, or county)

KANSAS CITY

(State)

MISSOURI

24. FUNERAL DIRECTOR

D.W. NEWCOMER'S SONS 1331 BAUGH CARR KANSAS CITY MO

ADDRESS

25. DATE RECD. BY LOCAL REG.

7-17-63

26. REGISTRAR'S SIGNATURE

Arthur Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

VS 300

Rev. 4/59

1

2 3 5 8 2

3

4 1

5 2

6

7 1

8 1

9 15.6.2

10

11

12 64.0

13

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Mr. Don Blain Black Em - 1-8208
312 Pierce Med. Bldg - 6000 Prospect Avenue
10:30-4:30

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Erling M. Sving
Licensed Embalmer No. 3566

P. O. Address Kansas City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.